

CERTIFICATE OF NEED
FOR EMERGENCY INVOLUNTARY ADMISSION
UNDER TITLE 33, CHAPTER 6, PART 4, TENNESSEE CODE ANNOTATED

I, _____, of the County of _____,
PRINT NAME OF EXAMINING PROFESSIONAL

State of Tennessee, **certify** that I personally examined _____
PRINT NAME OF PERSON EXAMINED

on _____, 2_____ at _____ AM / PM.
DATE

➔ **COMPLETE SECTION A, C, AND D FOR THE FIRST CERTIFICATE OF NEED**

➔ **COMPLETE SECTION B, C, AND D FOR THE SECOND CERTIFICATE OF NEED**

A

Check all that apply:

_____ I **am not** a Department of Mental Health and Developmental Disabilities (DMHDD) Commissioner-designated mandatory pre-screening agent.

And, I **am** a (*check one*):

_____ licensed physician _____ licensed psychologist designated as a health service provider

Please Complete the Following:

_____ I have completed this certificate because a mandatory pre-screening agent was **not** available within 2 hours **AND**

_____ I have consulted with the mental health crisis team in my area and have determined that all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person as indicated in **Section C, # 4** below.

I spoke with _____, _____
STAFF NAME TITLE / AGENCY

OR

_____ I **am** a Qualified Mental Health Professional (QMHP) who has been designated by the DMHDD Commissioner as a mandatory pre-screening agent. *

QMHP: licensed physician, licensed psychologist designated as a health service provider, licensed psychological examiner, licensed senior psychological examiner, certified social worker with two years of mental health experience, licensed social worker, licensed or certified marital and family therapist, licensed professional counselor, or licensed nurse with a masters degree in nursing who functions as a psychiatric nurse.

* A DMHDD Commissioner-designated mandatory pre-screening agent must have mental health experience with children in order to complete a Certificate of Need on a child.

B

_____ I **am** a licensed physician. [ONLY for completing second certificate at the time of admission.]

C

In my professional opinion, based on my examination and the information provided, I certify that this person is subject to involuntary care and treatment under Title 33, Chapter 6, Part 4, Tennessee Code Annotated because, as shown by the following facts and reasoning, the person:

1. has a mental illness or serious emotional disturbance as defined in T.C.A. § 33-1-101(16) and (20),
(list known mental illness or serious emotional disturbance history and current signs/symptoms):
Mental illness is a psychiatric disorder, alcohol dependence or drug dependence; does not include mental retardation / developmental disabilities. *Serious emotional disturbance* is a condition in a **child** who at any time during the past year has had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet psychiatric diagnostic criteria, that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities and includes any mental disorder, regardless of whether it is of biological etiology.

C**CONTINUED**

2. **AND**, poses an immediate substantial likelihood of serious harm under T.C.A. § 33-6-501 because of the mental illness or serious emotional disturbance (**detail specific behavior substantiating this requirement**):
A person "poses an immediate substantial likelihood of serious harm" IF AND ONLY IF the person:

- has threatened or attempted suicide or to inflict serious bodily harm on such person, or
- has threatened or attempted homicide or other violent behavior, or
- has placed others in reasonable fear of violent behavior and serious physical harm to them, or
- is unable to avoid severe impairment or injury from specific risks, **AND**
- there is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

3. **AND**, needs care, training, or treatment because of the mental illness or serious emotional disturbance (**describe what makes care, training or treatment necessary**):

4. **AND**, all available less drastic alternatives to placement in a hospital or treatment resource are unsuitable to meet the needs of the person (**list alternatives considered and rationale for rejection of all alternatives**):

D**WITH MY SIGNATURE:**

- I conclude that this person is subject to admission to a hospital or treatment resource under Title 33, Chapter 6, Part 4, Tennessee Code Annotated.
- The information is accurate and based upon my **FACE-TO-FACE** examination of the individual.
- I understand that completion of this certificate of need initiates a process, which may result in deprivation of an individual's liberty for the purposes of care, training or treatment.
- I understand that to willfully provide inaccurate information on this certificate of need constitutes a crime.

PRINT NAME OF EXAMINING PROFESSIONAL

SIGNATURE OF EXAMINING PROFESSIONAL

DATE

TIME

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PHONE NUMBER